



MISS RODEO OREGON, INC. FOUNDATION

# 2022 Clinic Registration

April 8-10, 2022; Madras, Oregon

PLEASE COMPLETE A SEPARATE REGISTRATION FOR EACH PERSON.

First Name:		Last Name:	
Age:		Email Address:	
Mailing Address:		City:	
State and Zip Code:		Phone:	
Registration Type			
Clinic Participant:	<input type="checkbox"/>	Parent/Guardian/Advisor:	<input type="checkbox"/>
Clinic Participants will receive an MRO T-Shirt. What is your adult T-Shirt size?			
Are you the recipient of a Spirit Award?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, from which Pageant was it earned & date received?			
Method of Payment:			
Hold Harmless:			

Please email completed form to [missrodeooregonincfoundation@gmail.com](mailto:missrodeooregonincfoundation@gmail.com). Call Lois at (541) 910-4675 if you desire a physical address instead. Call Glenda at (503) 819-6548 with Horsemanship questions.

## **Risk Acknowledgement and Hold Harmless Agreement**

I grant full permission for myself and/or my child to participate in the Miss Rodeo Oregon, Inc. Foundation 2022 Miss Rodeo Oregon Queen Clinic. I realize that there may be risks involved in my and/or my child's participation.

I further understand that risk(s) could include a full range of injuries, from minor to severe. I agree to accept this risk as a condition of my and/or my child's participation. I accept that it is our sole responsibility to provide our own insurance that covers these injuries.

I also acknowledge the ongoing risk of contracting Covid. I agree to follow measures in place at the Clinic and to hold the organization harmless if I or my child are exposed to Covid.

I agree to release from liability, to defend, indemnify and hold harmless the Miss Rodeo Oregon, Inc. Foundation organization, its Executive Board members, and volunteers from all claims resulting from participation in this activity.

In the event of injury, I authorize the supervisors to obtain and/or administer any medical care or treatment deemed necessary.

Participant's Name: \_\_\_\_\_ (please print)

Participant's Signature: \_\_\_\_\_

Parent/Guardian Signature (if registrant under 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company: (if applicable) \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please complete this form and return it with your registration form. Your agreement is required to participate in Clinic activities.**